

Lydia Lee Hausey's
Employees:

Irene M. North
HEBER CITY—Irene Morris North, 85, died Nov. 11, 1985 of the home of a daughter, Mrs. Kay Welch, in Heber City. Born Jan. 20, 1900 in Elkhorn (Hollistone), Utah to Harry and Louisa Jones Morris. Married Glen Wayne North July 20, 1920 in Salt Lake City. He died Nov. 8, 1937. Member LDS church. Survived by children, Mrs. Thomas (Gladys) Farrer, Mrs. Clarence (Kay) Welch and Glen North, all of Heber City; Mrs. Clyde (Evelyn) Rollins, Mapleton; Mrs. Glen (Erva) Roberts and Mrs. Roy (Lu Ann) Singleton, both of Provo; Mrs. Max (Dora) McAfee, Victorville, Calif.; Mrs. Leo (Glendell) Spelers, Vernal; Darrell North, Roosevelt; 26 grandchildren, 47 great-grandchildren; four great-great-grandchildren; brothers, Harry Hollistone Morris, Salt Lake City; Roy Morris, Roosevelt. Preceded in death by a brother, Joseph Morris. Funeral service, Thursday, 1 p.m. at the Heber 6th Ward Chapel. Friends may call at Olpin Mortuary, Wednesday, 7-9 p.m. and at the church Thursday prior to service. Burial Heber City Cemetery. T 11/12 N3 11/12

TYPE OR PRINT • USE BLACK INK

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LOCAL FILE NUMBER

CERTIFICATE OF DEATH
STATE OF UTAH - DEPARTMENT OF HEALTH

| DECEDENT PERSONAL DATA | | NAME OF DECEDED | | FIRST | MIDDLE | LAST | SEX | RACE (White, Black, Am. Indian, etc.) | DATE OF DEATH (Month, Day, Year) | STATE FILE NUMBER | | | | | | | |
|---|--|--|--|--|--------|--|-----------|---|----------------------------------|--|--|---|--|--|--|------------------------------------|--|
| | | | | IRENE | | NORTH | 2. Female | 3. White | 4. November 11, 1985 | | | | | | | | |
| | | WAS DECEDED OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: | | | | DATE OF BIRTH (Month, Day, Year) | | AGE (Last Birthday) | | IF UNDER 1 year | | IF UNDER 24 HOURS | | | | | |
| | | 5. BIRTHPLACE (State or foreign country) | | CITIZEN of what country | | January 20, 1900 | | 7. 85 Yrs. | | Months | | Days | | | | | |
| | | Elkhorn, Utah | | USA | | | | | | | | | | | | | |
| | | 6. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 7. KIND OF BUSINESS OR INDUSTRY | | 8. EDUCATION—(Specify only highest grade completed) | | 9. SOCIAL SECURITY NUMBER | | | | | | | | | |
| | | Housewife | | Home | | Elementary or Secondary (0-12) College (13-16 or 17+) | | 12. 529-28-5190 | | | | | | | | | |
| | | 13a. NAME OF FATHER | | 13b. MAIDEN NAME OF MOTHER | | 14. GLEN WAYNE NORTH (deceased) | | 15. Was decedent ever in U.S. Armed Forces? | | | | | | | | | |
| | | 15. HARRY MORRIS | | 16. LOUISA JONES | | | | 17. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | | |
| USUAL RESIDENCE | | 18a. USUAL RESIDENCE—Street address, city, state | | 18b. CITY OR TOWN | | 18c. COUNTY | | 18d. STATE AND ZIP CODE | | 18e. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT | | | | | |
| | | 55 North 4th East | | Heber City | | Wasatch | | Utah 84032 | | | | Mrs. Kay Welch, Daughter 55 North 4th East Heber City, Utah 84032 | | | | | |
| PLACE OF DEATH | | 19a. NAME of hospital, nursing home or other institution where death occurred (If outside an institution, give street address or location) | | 19b. CITY OR TOWN | | 19c. COUNTY | | 19d. STATE AND ZIP CODE | | 19e. CITY OR TOWN | | 19f. COUNTY | | 19g. TIME OF DEATH (24 hr. clock) | | | |
| | | 20a. 55 North 4th East (at home) | | | | | | | | 20b. Heber City | | 20c. Wasatch | | 20d. 1017 | | | |
| MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION | | 21a. MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, based on examination of the body and/or investigation of the circumstances. | | 21b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE | | 21c. DATE SIGNED (Month, Day, Year) | | 21d. UTAH PHYSICIAN LICENSE NUMBER | | | | | | | | | |
| | | 21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. | | 21b. R. R. Green MD | | 21c. Nov. 12, 1985 | | 21d. 2348 | | | | | | | | | |
| FUNERAL DIRECTOR AND LOCAL REGISTRAR | | 22. FUNERAL DIRECTOR'S SIGNATURE | | 23. DATE | | 24. SIGNATURE OF Funeral Director | | 25. FUNERAL HOME—Name, address and license number | | | | | | | | | |
| | | 22. Burial <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Other <input type="checkbox"/> | | 23. 11/14/85 | | 24. Guy Olpin | | 25. Olpin Mortuary - Heber City, Utah | | | | | | | | | |
| MEDICAL AND HEALTH DATA | | 26. NAME AND LOCATION OF CEMETERY OR CREMATORIUM | | 27. LOCAL REGISTRAR'S SIGNATURE | | 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR | | | | | | | | | | | |
| | | 26. Heber City Cemetery, Heber City, Utah | | 27. 28. | | | | | | | | | | | | | |
| CAUSE OF DEATH | | 29. PART I. DEATH WAS CAUSED BY | | 30. IMMEDIATE CAUSE | | 31. Enter only one cause per line for A & B | | 32. DUE TO, OR AS A CONSEQUENCE OF | | 33. DUE TO, OR AS A CONSEQUENCE OF | | 34. DUE TO, OR AS A CONSEQUENCE OF | | 35. DUE TO, OR AS A CONSEQUENCE OF | | 36. DUE TO, OR AS A CONSEQUENCE OF | |
| | | 30. 31. 32. 33. 34. 35. 36. | | 30. 31. 32. 33. 34. 35. 36. | | 30. 31. 32. 33. 34. 35. 36. | | 30. 31. 32. 33. 34. 35. 36. | | 30. 31. 32. 33. 34. 35. 36. | | 30. 31. 32. 33. 34. 35. 36. | | 30. 31. 32. 33. 34. 35. 36. | | | |
| INJURY INFORMATION | | 37. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN | | 38. DATE OF INJURY | | 39. TIME OF INJURY (24 Hour Clock) | | 40. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 41. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/> | | 42. IF YES, were findings considered in determining cause of death? | | 43. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.) | | | |
| | | 37. none | | 38. none | | 39. none | | 40. none | | 41. none | | 42. none | | 43. none | | | |
| | | 44. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 20) | | 45. Distance from place of injury to usual residence (item 18) | | 46. Were laboratory tests done for drugs or toxic chemicals? | | 47. Were laboratory tests done for alcohol? | | 48. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian. | | 49. none | | 50. none | | | |
| | | 44. none | | 45. none | | 46. none | | 47. none | | 48. none | | 49. none | | 50. none | | | |